



JENNIFER KENT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

September 30, 2016

Ms. Henrietta Sam-Louie  
Associate Regional IX Administrator  
Division of Medicaid and Children's Health Operations  
Centers for Medicare & Medicaid Services  
San Francisco Regional Office  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707

Dear Ms. Henrietta Sam-Louie:

The Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA), 16-028, which aligns California's State Plan with current policy to allow reimbursement for three visits per day for Indian Health Service/Centers for Medicare and Medicaid Services Memorandum of Agreement providers. Three visits are allowed if one is a medical visit, one is an ambulatory visit, and one is a visit for a mild to moderate level mental health condition.

In compliance with SPA 12-002, DHCS notified Indian Health Programs and Urban Indian Organizations about SPA 16-028 on August 26, 2016. DHCS also presented the proposal during the DHCS quarterly webinar.

If you have any questions, please contact Ms. Andrea Zubiata with Primary, Rural, and Indian Health Division at (916) 449-5770 or by email at [Andrea.Zubiata@dhcs.ca.gov](mailto:Andrea.Zubiata@dhcs.ca.gov).

Sincerely,  
Original Signed

Mari Cantwell  
Chief Deputy Director  
Health Care Programs  
State Medicaid Director

Enclosures

cc: See next page

Ms. Henrietta Sam-Louie

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September 30, 2016

cc: Sandra (Sam) Willburn, Chief  
Primary, Rural, and Indian Health Division  
Department of Health Care Services  
1500 Capitol Avenue, MS 8502  
P.O. Box 997413  
Sacramento, CA 95899

Andrea Zubiato, Coordinator  
Indian Health Program  
Primary, Rural, and Indian Health Division  
Department of Health Care Services  
1500 Capitol Avenue, MS 8502  
P.O. Box 997413  
Sacramento, CA 95899

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1</u> <u>6</u> — <u>0</u> <u>2</u> <u>8</u>	2. STATE <b>CA</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>July 1, 2016</b>
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5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION 25 United State Code (U.S.C) § 450f et seq. and 42 U.S.C. §1395x(aa)(4)	7. FEDERAL BUDGET IMPACT a. FFY <sup>2016-2017</sup> \$ 0 b. FFY <sup>2017-2018</sup> \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 1 of Supplement 6 to Attachment 4.19B	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )
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10. SUBJECT OF AMENDMENT

The Department of Health Care Services (DHCS) plans to submit State Plan Amendment 16-028 to align the State Plan with current policy, which allows reimbursement for three visits per day, if one is a medical visit, one is an ambulatory visit, and one is a visit for a mild to moderate level mental health condition for providers, who participate in Medi-Cal under the Indian Health Service/Centers for Medicare and Medicaid Services Memorandum of Agreement.

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Original Signed  Mari Cantwell 14. TITLE State Medicaid Director 15. DATE SUBMITTED <b>SEP 30 2016</b>	16. RETURN TO Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.326 P.O. Box 997417 Sacramento, CA 95899-7417
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**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME	22. TITLE

23. REMARKS

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REIMBURSEMENT FOR INDIAN HEALTH SERVICES  
AND TRIBAL 638 HEALTH FACILITIES

California will reimburse federally recognized tribal "638" facilities in accordance with the most recent rate published in the Federal Register:

1. IHS/Tribal 638 facilities are reimbursed at the all-inclusive rate for each encounter.
2. An IHS clinic encounter is defined as a face-to-face encounter provided in the tribal facility between a tribal patient and the health professional (as specified in page 2, paragraph A) of the clinic or the center.
3. The IHS MOA clinics may bill for up to three visits a day for one patient, if one is a medical visit, one is an ambulatory visit, and one is a visit for a mild to moderate level mental health condition.

## SPA Impact Form

**State/Title/Plan Number: 16-028**

**Federal Fiscal Impact: None, as this SPA clarifies existing state policy.**

**Number of People Affected by Enhanced Coverage, Benefits or Retained Eligibility: n/a**

**Number of Potential Newly Eligible People: n/a**

**or**

**Eligibility Simplification: Yes/No**

**Number of People Losing Medicaid Eligibility: none**

**Reduces Benefits: Yes/No**

**Provider Payment Increase: Yes/No**

**Delivery System Innovation: Yes/No**

(Examples: adding new provider types to provide a covered service, managed care delivery systems or other similar type plans.)

### **Comments/Remarks:**

There will be no federal or state impact as this SPA simply clarifies existing state policy that allows for up to 3 visits a day. DHCS is currently reimbursing IHS-MOA providers for up to three visits which are accounted for in the DHCS accounting process.

### **DHCS Contact:**

Andrea Zubiate, Coordinator

Indian Health Program

[Andrea.zubiate@dhcs.ca.gov](mailto:Andrea.zubiate@dhcs.ca.gov)

916-324-7936

**Date: September 8, 2016**